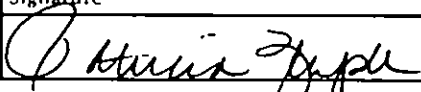


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

5 C.F.R. Part 2634
U.S. Office of Government Ethics

Form Approved:
OMB No. 3209-0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<p style="text-align: center;">Fee for Late Filing</p> <p>Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.</p> <p style="text-align: center;">Reporting Periods</p> <p>Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.</p> <p>Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.</p> <p>Nominees, New Entrants and Candidates for President and Vice President:</p> <p>Schedule A--The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.</p> <p>Schedule B--Not applicable.</p> <p>Schedule C, Part I (Liabilities)--The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.</p> <p>Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
08/31/2012			2012				
Reporting Individual's Name	Last Name		First Name and Middle Initial				
	RAYNOR		MICHAEL A				
Position for Which Filing	Title of Position		Department or Agency (If Applicable)				
	Ambassador, U. S. Embassy Cotonou, Benin		Department of State				
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)			Telephone No. (Include Area Code)			
	U.S. Embassy, Cotonou, BEN			229-21-300-650			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held						
	Executive Director, Bureau of African Affairs, 8/2010 - 8/2012						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification		Signature of Reporting Individual			Date (Month, Day, Year)		
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.		eSigned in FDM by: MICHAEL A. RAYNOR User ID: 20278B3571E58D24			05/14/2013		
Other Review (If desired by agency)		Signature of Other Reviewer			Date (Month, Day, Year)		
		eSigned in FDM by: Amanda J. wall User ID: C76928AA85AB2022			05/22/2013		
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official			Date (Month, Day, Year)		
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below)		eSigned in FDM by: Amanda J. wall User ID: C76928AA85AB2022			08/07/2013		
Office of Government Ethics Use Only		Signature			Date (Month, Day, Year)		
					8/27/13		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							
Supervisor Certification. I have reviewed the interests reported on this form in light of the filer's duty position. I am satisfied that there is no actual or apparent conflict of interest. (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/> Supervisor's Signature: _____ eSigned in FDM by: Gregory B. Keller 05/14/2013 User ID: B9FA6E98357E98FF (Check box if comments are continued on the reverse side) <input type="checkbox"/> Initial Review Date: 05/22/2013							
Agency Use Only							
OGE Use Only							
AUG 14 2013							

Reporting Individual's Name
RAYNOR, MICHAEL A.

SCHEDULE A

Page Number
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Assets and Income		Valuation of Assets at close of reporting period											Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																			
		BLOCK B											BLOCK C																			
BLOCK A		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type				Amount							Date (Mo., Day, Yr.) Only if Honoraria				
For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income. For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse). None: <input type="checkbox"/>														Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000		Over \$5,000,000	Other Income (Specify Type & Actual Amount)		
Examples	Central Airlines Common				x												x															
	Doc Jones & Smith, Hometown, State			x																												Law Partnership Income \$130,000
	Kempstone Equity Fund					x								x							x											
	IRA: Heartland 500 Index Fund							x						x																		
# 1	1 (J) Franklin Income Fund					x							x																			
# 2	2 (J) Nuveen Multi Value Fund		x										x																			
# 3	3 (F) Thornburg Limited Term U.S. Government Fund (LTUSX)				x								x																			
# 4	4 (J) Legg Mason Investment Counsel MD Tax Free Income F		x										x																			
# 5	5 (J) Maryland College Investment Plan Portfolio 2012 Fo		x										x																			
# 6	6 (J) Maryland College Investment Plan Portfolio 2015 Fo		x										x																			

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name RAYNOR, MICHAEL A.	SCHEDULE A continued (Use only if needed)	Page Number 3 of 7
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	Assets and Income <small>BLOCK A</small>	Valuation of Assets at close of reporting period <small>BLOCK B</small>												Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. <small>BLOCK C</small>																					
														Type				Amount								Date (Mo., Day, Yr.) Only if Honoraria									
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)		
1	7 (J) UBS Bank USA Deposit Account				X																X														
2	8 Wells Fargo Checking Account	X																			X														
3																																			
4																																			
5																																			
6																																			
7																																			
8																																			
9																																			

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name RAYNOR, MICHAEL A.	SCHEDULE B	Page Number 4 of 7
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Part I: Transactions		Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.		Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.		None <input checked="" type="checkbox"/>											
Identification of Assets		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)											
Example	Central Airlines Common	Purchase	Sale	Exchange	Date	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
1		x			2/1/99			x									
2																	
3																	
4																	
5																	

* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Part II: Gifts, Reimbursements, and Travel Expenses		For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, (2) travel-related cash reimbursements received from one source totaling more than \$1,000, (3) gifts received from the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the value of other exclusions.	
as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by			None <input checked="" type="checkbox"/>

	Source (Name and Address)	Brief Description	Value
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	
1			
2			
3			
4			
5			

Reporting Individual's Name RAYNOR, MICHAEL A.	SCHEDULE C	Page Number 5 of 7
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Part I: Liabilities			Category of Amount or Value (x)														
Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude			a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.														
Creditors (Name and Address)			Type of Liability			None <input type="checkbox"/>											
Date Incurred	Interest Rate	Term if applicable	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000				
Examples	First District Bank, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs.			x									
			1999	10%	on demand				x								
1	(J) Citi Mastercard, Columbus, OH, USA	Credit Card/Revolving Charge Account	2012	15.0%	revolving	x											
2	(J) State Department Federal Credit Union, Alexandria, VA, USA	Credit Card/Revolving Charge Account	2012	11.0%	revolving	x											
3																	
4																	
5																	

*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements			of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.		
Status and Terms of any Agreement or Arrangement			Parties		Date
Example	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.		Doe Jones & Smith, Hometown, State		7/85
1					
2					
3					
4					
5					
6					

None

Reporting Individual's Name RAYNOR, MICHAEL A.	SCHEDULE D	Page Number 6 of 7
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Part I: Positions Held Outside U.S. Government

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1					
2					
3					
4					
5					
6					

Part II: Compensation in Excess of \$5,000 Paid by One Source

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. None

	Source (Name and Address)	Brief Description of Duties
Examples	Doe Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		

Reporting Individual's Name RAYNOR, MICHAEL A.		OGE Form 278 of Record Comments		Page Number 7 of 7
Annotation: # 1	Section: Asset	Date: 05/14/2013	Author: MICHAEL A. RAYNOR	
C O M M E N T	Thornburg Limited Term U.S. Government Fund (LTUSX)			
Annotation # 2	Section: Asset	Date: 05/14/2013	Author: MICHAEL A. RAYNOR	
C O M M E N T	Legg Mason Investment Counsel MD Tax Free Income Trust			
Annotation: # 3	Section: Asset	Date: 05/14/2013	Author: MICHAEL A. RAYNOR	
C O M M E N T	Maryland College Investment Plan Portfolio 2012 For DC1			
Annotation: # 4	Section: Asset	Date: 05/14/2013	Author: MICHAEL A. RAYNOR	
C O M M E N T	Maryland College Investment Plan Portfolio 2015 For DC2			
Annotation:	Section:	Date:	Author:	
C O M M E N T				